

Adult	LOC	Subset	SI/ S/*I S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Adult	Critical	C-CV	SI	Clinical Findings	Chest / Jaw / Arm / Shoulder pain / Silent ischemia, ≥ One: CHF on imaging	Image findings that reveal cardiomegaly and fluid in or around the heart/lung area, when patients present with SOB or dyspnea is indicative of CHF.
Adult	Critical	C-CV	SI	Clinical Findings	Chest / Jaw / Arm / Shoulder pain / Silent ischemia, ≥ One: Unstable angina	Unstable angina does not have to be stated in the medical record to use criteria point IF the patient has chest pain and a hx of CAD.
Adult	Critical	C-CV	SI	Clinical Findings	Dyspnea (cardiac etiology), ≥ One:	Add: BNP ≥ 500 in the absence of chronic end stage heart failure, renal failure, or Nesitiride therapy within the past 48 hours.
Adult	Critical	C-CV	SI	Clinical Findings	Dyspnea (cardiac etiology), ≥ One: Requiring IV medications titrated ≤ q2h	Add: Titration is not required.
Adult	Critical	C-CV	IS	≥ One IS	(Excludes PO medications unless noted)	You may approve 5 days due to discontinued Plavix, for patients requiring urgent CABG and are too unstable to be discharged. Stable patients may be discharged home and return for elective CABG.
Adult	Critical	C-CV	IS	≥ One IS	IV medication administration, Both: Medications, ≥ One: Titration, One:	Add: Titration is not required.
Adult	Critical	C-CV	IS	≥ One IS	Mechanical ventilation / NIPPV, ≥ One: Respiratory interventions q1-2h	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Adult	Critical	C-CV	*IS	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Adult	Critical	C-CV	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Critical	C-CV	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Adult	Critical	C-CV	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Adult	Critical	C-CV	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions q3-4h	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Adult	Critical	C-CV	*IS	≥ Three *IS	Oxygen ≥ 40%	Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Critical	C-CV	*IS	≥ Three *IS		Add: Proton pump inhibitor.

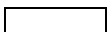
Adult	LOC	Subset	S/I S/*I S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Adult	Critical	C-MED	SI	Clinical Findings	Asthma / Wheezing, ≥ One : PEF < 40% , ≥ One :	Add: PEF values are not mandatory if one of the elements of severity is present.
Adult	Critical	C-MED	SI	Laboratory Findings / Chemistry	BS > 400mg/dL and ketonemia, ≥ One :	The presence of ketones in the urine will meet this criterion for BC/BS.
Adult	Critical	C-MED	IS	≥ One IS	Anti-infectives ≥ 3 drugs, ≤ 2d	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Critical	C-MED	IS	≥ One IS	IV medication administration, Both : Titration, One :	Add: Titration is not required.
Adult	Critical	C-MED	IS	≥ One IS	Mechanical ventilation / NIPPV, ≥ One :	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Adult	Critical	C-MED	*IS	≥ Three *IS	Antiemetics, One : Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Adult	Critical	C-MED	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Critical	C-MED	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Adult	Critical	C-MED	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Adult	Critical	C-MED	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions q3-4h	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Adult	Critical	C-MED	*IS	≥ Three *IS	Oxygen ≥ 40%	Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Critical	C-MED	*IS	≥ Three *IS		Add: Proton pump inhibitor.

Adult	LOC	Subset	S/I S/*I S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Adult	Critical	C-SRG/TR	IS	≥ One IS	Anti-infectives ≥ 3 drugs, ≤ 2d	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Critical	C-SRG/TR	IS	≥ One IS	IV medication administration, Both: Titration, One:	Add: Titration is not required.
Adult	Critical	C-SRG/TR	IS	≥ One IS	Mechanical ventilation / NIPPV, ≥ One:	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Adult	Critical	C-SRG/TR	*IS	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Adult	Critical	C-SRG/TR	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Critical	C-SRG/TR	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Adult	Critical	C-SRG/TR	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Adult	Critical	C-SRG/TR	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions q3-4h	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Adult	Critical	C-SRG/TR	*IS	≥ Three *IS	Oxygen ≥ 40%	Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Critical	C-SRG/TR	*IS	≥ Three *IS		Add: Proton pump inhibitor.

Adult	LOC	Subset	SI/IS or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Adult	Intermed	IC-CV	SI	Clinical Findings	Dyspnea and hemodynamic stability, \geq One :	Add: BNP \geq 500 in the absence of chronic end stage heart failure, renal failure, or Nesitiride therapy within the past 48 hours. Do not limit application of this criteria point due to systolic BP.
Adult	Intermed	IC-CV	SI	Clinical Findings	Dyspnea and hemodynamic stability, \geq One :	Do not limit application of this criteria point due to systolic BP.
Adult	Intermed	IC-CV	SI	Clinical Findings	Dyspnea and hemodynamic stability, \geq One :	Add: Hemodynamic stability is not required to assess the necessity of inpatient treatment, but is required to assess discharge indicators.
Adult	Intermed	IC-CV	SI	Clinical Findings	Dyspnea and hemodynamic stability, \geq One : Requiring, \geq One : IV medications titrated at least q3-4h	Add: IV medications do not require titration.
Adult	Intermed	IC-CV	SI	Clinical Findings		You may approve 5 days due to discontinued Plavix, for patients requiring urgent CABG and are too unstable to be discharged. Stable patients may be discharged home and return for elective CABG.
Adult	Intermed	IC-CV	SI	ECG Findings	A fib / flutter and heart rate \leq 120/min , \geq One :	Patients presenting with A fib/flutter or a pacer with underlying rhythm of A fib/flutter (e.g., paroxysmal atrial fib) who have failed outpatient management meet this criterion regardless of pulse rate. Check either of the criteria below and document in the clinical reviewer comment box - Failed OP management including clinical description.
Adult	Intermed	IC-CV	IS	\geq One IS	(Excludes PO medications unless noted)	You may approve 5 days due to discontinued Plavix, for patients requiring urgent CABG and are too unstable to be discharged. Stable patients may be discharged home and return for elective CABG.
Adult	Intermed	IC-CV	IS	\geq One IS	Acute MI R/O \leq 24h	This criterion may be used for the 2nd 24 hours of a stay when a patient meets the Critical Cardiac care criteria for Acute MI RO less than or equal to 24hrs on the first day, ONLY when the MI has not been ruled out at the end of the 1st 24 hrs. This should only be used when results are equivocal and require further investigation in order to rule out the MI.
Adult	Intermed	IC-CV	IS	\geq One IS	Anticoagulants \leq 2d and high risk patient	Patients with A-fib and RVR (HR \geq 120 bpm) upon admission are considered high risk.
Adult	Intermed	IC-CV	IS	\geq One IS	IV medication administration, Both : Titration, One :	IV Cardizem and Amiodarone may not require frequent titration. Therefore, for patients meeting SI in I-CV, this criteria may be used for the initial management of arrhythmias with IV Cardizem or Amiodorone for a maximum of 24 hours. This criteria may also be used for a subsequent management of arrhythmias with IV Cardizem or Amiodorone for a maximum of 24 hrs for those patients receiving their initial 24h IV arrhythmia management in C-CV. Check applicable titration criteria point and document in the clinical reviewer comment box.
Adult	Intermed	IC-CV	IS	\geq One IS	Mechanical ventilation / NIPPV, \geq One : Respiratory interventions q3-4h	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Adult	Intermed	IC-CV	IS	\geq One IS	Medication (PO) initiation \leq 3d , \geq One :	Add: Any medication that requires at least PO administration may be given IV or via a more intensive route.
Adult	Intermed	IC-CV	IS	\geq One IS	Oxygen \geq 40% \leq 2d	Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Intermed	IC-CV	*IS	\geq Three *IS	Antiemetics, One : Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.

Adult	Intermed	IC-CV	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Intermed	IC-CV	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Adult	Intermed	IC-CV	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Adult	Intermed	IC-CV	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions 3-4x/24h	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Adult	Intermed	IC-CV	*IS	≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Intermed	IC-CV	*IS	≥ Three *IS		Add: Proton pump inhibitor.

Adult	LOC	Subset	S/I S/*I S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Adult	Intermed	IC-M/S	SI	Clinical Findings	Dyspnea and hemodynamic stability, ≥ One :	Do not limit application of this criteria point due to systolic BP.
Adult	Intermed	IC-M/S	SI	Clinical Findings	Sepsis syndrome / SIRS, ≥ Two :	This criteria point may only be used when a severe systemic infection is suspected. It is not to be used with localized infections such as cellulitis or urinary tract infections.
Adult	Intermed	IC-M/S	IS	≥ One IS	Anti-infectives ≥ 2 drugs, ≤ 2d	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Intermed	IC-M/S	IS	≥ One IS	IV medication administration, Both : Titration, One :	Add: Titration is not required.
Adult	Intermed	IC-M/S	IS	≥ One IS	Mechanical ventilation / NIPPV, ≥ One : Respiratory interventions ≤ q3-4h	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Adult	Intermed	IC-M/S	IS	≥ One IS	Oxygen ≥ 40% ≤ 2d	Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Intermed	IC-M/S	IS	≥ One IS	Volume expanders and systolic BP < 100	Add: excludes KVO rate
Adult	Intermed	IC-M/S	*IS	≥ Three *IS	Antiemetics, One : Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Adult	Intermed	IC-M/S	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Intermed	IC-M/S	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Adult	Intermed	IC-M/S	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and Xopenex administered may be counted towards this criterion.
Adult	Intermed	IC-M/S	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions 3-4x/24h	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Adult	Intermed	IC-M/S	*IS	≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Intermed	IC-M/S	*IS	≥ Three *IS		Add: Proton pump inhibitor.



Adult	LOC	Subset	SI/ S/ *IS or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Adult	Acute	CV/PV	SI	Clinical Findings	Dyspnea and hemodynamic stability, ≥ One:	Add: BNP ≥ 500 in the absence of chronic end stage heart failure, renal failure, or Nesitiride therapy within the past 48 hours. Six month review....*****
Adult	Acute	CV/PV	SI	Imaging Findings	Peripheral artery occlusion	Central artery occlusions (except CNS) also meet this criteria point.
Adult	Acute	CV/PV	SI	Imaging Findings	Pulmonary edema / Heart failure / CHF	Image findings that reveal cardiomegaly and fluid in or around the heart/lung area, when patients present with SOB or dyspnea is indicative of CHF.
Adult	Acute	CV/PV	SI	Laboratory Findings		Add: BNP ≥ 500 in the absence of chronic end stage heart failure, renal failure, or Nesitiride therapy within the past 48 hours. ***** Six month review.*****
Adult	Acute	CV/PV	IS	≥ One IS	Cardiac monitoring, continuous (excludes Holter) ≤ 2d , ≥ One:	If a telemetry patient previously met criteria in a higher level of care and presented with one of these subcriteria, the day the patient drops to acute level of care you can apply cardiac monitoring less than or equal to 2 days.
Adult	Acute	CV/PV	IS	≥ One IS	Dopamine / Dobutamine / Milrinone / Amrinone, One:	Add: Cardizem, Nitroglycerine, and other drips. ***** Review again six months*****
Adult	Acute	CV/PV	IS	≥ One IS	Dopamine / Dobutamine / Milrinone / Amrinone, One: Continuous infusion requiring infrequent titration	
Adult	Acute	CV/PV	IS	≥ One IS	DVT treatment, One:	Add: Approve for arterial thrombus with Heparin, Lovenox or Fragmin.
Adult	Acute	CV/PV	IS	≥ One IS	DVT treatment, One: LMWH ≤ 3d , Unfractionated heparin ≤ 5d	Arixtra may be used as LMWH ≤ 3d; Argatroban may be used as unfractionated heparin ≤ 5d.
Adult	Acute	CV/PV	IS	≥ One IS	IV fluids, Both: Findings, ≥ One: NPO ≤ 2d / Active vomiting	Add: Active diarrhea; NPO is considered applicable when it is an active treatment / therapy within the patient's plan of care. This point cannot be applied when the patient is NPO for testing or procedures.
Adult	Acute	CV/PV	IS	≥ One IS	IV fluids, Both: Rate, One: ≥ 100 mL/h and age ≥ 65 / renal failure / Hx CHF	Change: IV fluid rate ≥ 75 mL/h if patient requires cautious rehydration due to comorbidity.
Adult	Acute	CV/PV	IS	≥ One IS	IV fluids, Both: Rate, One: ≥ 125 mL/h	Change: IV fluid rate ≥ 100 mL/h.
Adult	Acute	CV/PV	IS	≥ One IS	Mechanical ventilation / NIPPV, ≥ One:	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Adult	Acute	CV/PV	IS	≥ One IS	Oxygen ≥ 40% ≤ 2d	Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Acute	CV/PV	IS	≥ One IS	PO medication adjustment ≤ 2d , ≥ Two:	Add: Any medication that requires at least PO administration may be given IV or via a more intensive route.
Adult	Acute	CV/PV	*IS	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Adult	Acute	CV/PV	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	CV/PV	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Adult	Acute	CV/PV	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Adult	Acute	CV/PV	*IS	≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
Adult	Acute	CV/PV	*IS	≥ Three *IS	Dialysis / Ultrafiltration	Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.

Adult	Acute	CV/PV	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions 1-2x/24h	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Adult	Acute	CV/PV	*IS	≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Acute	CV/PV	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
Adult	Acute	CV/PV	DS	Home / OP, both:	Clinical stability, ≥ One: Lab values w/in acceptable ranges, ≥ One: Na 125-150 mEq/L	You may apply consecutive grace days for Na less than or equal to 120 until the Na is above 120. Then you must refer to PCR.

Adult	LOC	Subset	S/ S/* S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Adult	Acute	CNS/MS	IS	≥ One IS	Anticoagulants and embolic stroke, one: LMWH ≤ 3d, Unfractionated heparin ≤ 5d	Arixtra may be used as LMWH ≤ 3d; Argatroban may be used as unfractionated heparin ≤ 5d.
Adult	Acute	CNS/MS	IS	≥ One IS	Anticonvulsants and active seizures	Change: Active seizures not required.
Adult	Acute	CNS/MS	IS	≥ One IS	Continuous EEG ≤ 2d	This criterion may be applied for a total of three days rather than two.
Adult	Acute	CNS/MS	IS	≥ One IS	IV fluids, Both: Findings, ≥ One: NPO ≤ 2d / Active vomiting	Add: Active diarrhea; NPO is considered applicable when it is an active treatment / therapy within the patient's plan of care. This point cannot be applied when the patient is NPO for testing or procedures.
Adult	Acute	CNS/MS	IS	≥ One IS	IV fluids, Both: Rate, One: ≥ 100 mL/h and age ≥ 65 / renal failure / Hx CHF	Change: IV fluid rate ≥ 75 mL/h if patient requires cautious rehydration due to comorbidity.
Adult	Acute	CNS/MS	IS	≥ One IS	IV fluids, Both: Rate, One: ≥ 125 mL/h	Change: IV fluid rate ≥ 100 mL/h.
Adult	Acute	CNS/MS	IS	≥ One IS	Mechanical ventilation / NIPPV, One: Respiratory interventions 3-4x/24h, ≤ 3d	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Adult	Acute	CNS/MS	*IS	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Adult	Acute	CNS/MS	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	CNS/MS	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Adult	Acute	CNS/MS	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Adult	Acute	CNS/MS	*IS	≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
Adult	Acute	CNS/MS	*IS	≥ Three *IS	Dialysis / Ultrafiltration	Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.
Adult	Acute	CNS/MS	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions 1-2x/24h	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Adult	Acute	CNS/MS	*IS	≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Acute	CNS/MS	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
Adult	Acute	CNS/MS	*IS	≥ Three *IS		Add: Proton pump inhibitor.

Adult	LOC	Subset	SI/IS or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Adult	Acute	END	SI	Laboratory Findings / Chemistry	BS > 250 mg/dL , Both:	Change: Only one complication criteria point required.
Adult	Acute	END	IS	≥ One IS	IV fluids, Both: Findings, ≥ One: NPO ≤ 2d / Active vomiting	Add: Active Diarrhea; NPO is considered applicable when it is an active treatment / therapy within the patient's plan of care. This point cannot be applied when the patient is NPO for testing or procedures.
Adult	Acute	END	IS	≥ One IS	IV fluids, Both: Rate, One: ≥ 100 mL/h and age ≥ 65 / renal failure / Hx CHF	Change: IV fluid rate ≥ 75 mL/h if patient requires cautious rehydration due to comorbidity.
Adult	Acute	END	IS	≥ One IS	IV fluids, Both: Rate, One: ≥ 125 mL/h	Change: IV fluid rate ≥ 100 mL/h.
Adult	Acute	END	*IS	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Adult	Acute	END	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	END	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Adult	Acute	END	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Adult	Acute	END	*IS	≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
Adult	Acute	END	*IS	≥ Three *IS	Dialysis / Ultrafiltration	Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.
Adult	Acute	END	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions 1-2x/24h	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Adult	Acute	END	*IS	≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Acute	END	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
Adult	Acute	END	*IS	≥ Three *IS		Add: Proton pump inhibitor.
Adult	Acute	END	DS	Home / OP, both:	Clinical stability, ≥ One: Lab values w/in acceptable ranges, ≥ One: Na 125-150 mEq/L	You may apply consecutive grace days for Na less than or equal to 120 until the Na is above 120. Then you must refer to PCR.

Adult	LOC	Subset	S/ S/ S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Adult	Acute	ENT	IS	≥ One IS	Anti-infective(s), ≥ One :	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	ENT	IS	≥ One IS	Anti-infective(s), ≥ One : ANC < 500/cu.mm	Change: ANC ≤ 1500/cu.mm.
Adult	Acute	ENT	*IS	≥ Three *IS	Antiemetics, One : Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Adult	Acute	ENT	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	ENT	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate.
Adult	Acute	ENT	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Adult	Acute	ENT	*IS	≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
Adult	Acute	ENT	*IS	≥ Three *IS	Dialysis / Ultrafiltration	Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.
Adult	Acute	ENT	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions 1-2x/24h	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Adult	Acute	ENT	*IS	≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FIO2 by 4%. Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Acute	ENT	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
Adult	Acute	ENT	*IS	≥ Three *IS		Add: Proton pump inhibitor.

Adult	LOC	Subset	S/I S/*I S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Adult	Acute	GI	SI	Clinical Findings	Pancreatitis, ≥ Two: Amylase / Lipase ≥ 3x ULN	Add: Pt. with an established history of pancreatitis, Amylase / Lipase ≥ 2xULN
Adult	Acute	GI	SI	Clinical Findings	T > 100.4°F PR and ANC < 500/cu.mm	Change: ANC ≤ 1500/cu.mm.
Adult	Acute	GI	SI	Laboratory Findings	NH ₃ > 120 ug/dL ≥ 2x ULN with mental status change	Change: Elevated NH ₃ with mental status change (disregard > 120 ug/dL and ≥ 2x ULN).
Adult	Acute	GI	IS	≥ One IS	IV fluids, Both: Findings, ≥ One: NPO ≤ 2d / Active vomiting	Add active diarrhea. BC/BS will recognize patients with IVF ≥ 125 mL/h and having active diarrhea > 3 loose stools/24hrs as meeting this criteria point. -----AND----- NPO is considered applicable when it is an active treatment / therapy within the patient's plan of care. This point cannot be applied when the patient is NPO for testing or procedures.
Adult	Acute	GI	IS	≥ One IS	IV fluids, Both: Rate, One: ≥ 100 mL/h and age ≥ 65 / renal failure / Hx CHF	Change: IV fluid rate ≥ 75 mL/h if patient requires cautious rehydration due to comorbidity.
Adult	Acute	GI	IS	≥ One IS	IV fluids, Both: Rate, One: ≥ 125 mL/h	Change: IV fluid rate ≥ 100 mL/h.
Adult	Acute	GI	IS	≥ One IS	Lactulose PO / PR, One: NH ₃ > 120 ug/dL / ≥ 2x ULN	Change: Elevated NH ₃ with mental status change (disregard > 120 ug/dL and ≥ 2x ULN).
Adult	Acute	GI	IS	≥ One IS	Volume expanders and systolic BP < 100	Add: excludes KVO rate.
Adult	Acute	GI	*IS	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Adult	Acute	GI	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	GI	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate.
Adult	Acute	GI	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Adult	Acute	GI	*IS	≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h , long acting ≥1x/24h
Adult	Acute	GI	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions 1-2x/24h	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Adult	Acute	GI	*IS	≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Acute	GI	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
Adult	Acute	GI	*IS	≥ Three *IS		Add: Proton pump inhibitor.
Adult	Acute	GI	DS	Home / OP, both:	Clinical stability, ≥ One: Lab values w/in acceptable ranges, ≥ One: Na 125-150 mEq/L	You may apply consecutive grace days for Na less than or equal to 120 until the Na is above 120. Then you must refer to PCR.

Adult	LOC	Subset	S/I S/*I S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Adult	Acute	HEM/ONC	SI	Clinical Findings	Chemotherapy related complications, ≥ One : T > 100.4°F PR and ANC < 500/cu.mm	Change: ANC ≤ 1500/cu.mm.
Adult	Acute	HEM/ONC	IS	≥ One IS	Anti-infectives with ANC < 500/cu.mm	Change: ANC ≤ 1500/cu.mm. Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	HEM/ONC	IS	≥ One IS	Blood products, ≥ One : Platelets < 20,000/cu.mm	Change: Platelets < 30,000/cu.mm.
Adult	Acute	HEM/ONC	IS	≥ One IS	BMT / SCT, ≥ One : Pre procedure ≤ 7d	Medicaid will extend the preop period to 8 days for patients receiving Busulfan in conjunction with any of the following: Cyclophosphamide, Etoposide, or Etopophos. Eleven (11) days may be applied for patients receiving Busulfan with Fludarabine.
Adult	Acute	HEM/ONC	IS	≥ One IS	IV fluids, Both : Findings, ≥ One : NPO ≤ 2d / Active vomiting	Add: Active diarrhea.
Adult	Acute	HEM/ONC	IS	≥ One IS	IV fluids, Both : Rate, One : ≥ 100 mL/h and age ≥ 65 / renal failure / Hx CHF	Change: IV fluid rate ≥ 75 mL/h if patient requires cautious rehydration due to comorbidity.
Adult	Acute	HEM/ONC	IS	≥ One IS	IV fluids, Both : Rate, One : ≥ 125 mL/h	Change: IV fluid rate ≥ 100 mL/h.
Adult	Acute	HEM/ONC	IS	≥ One IS	Volume expanders and systolic BP < 100	Add: excludes KVO rate
Adult	Acute	HEM/ONC	*IS	≥ Three *IS	Antiemetics, One : Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Adult	Acute	HEM/ONC	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	HEM/ONC	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Adult	Acute	HEM/ONC	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Adult	Acute	HEM/ONC	*IS	≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
Adult	Acute	HEM/ONC	*IS	≥ Three *IS	Dialysis / Ultrafiltration	Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.
Adult	Acute	HEM/ONC	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions 1-2x/24h	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Adult	Acute	HEM/ONC	*IS	≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Acute	HEM/ONC	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
Adult	Acute	HEM/ONC	*IS	≥ Three *IS		Add: Proton pump inhibitor.

Adult	LOC	Subset	S/I S/*I S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Adult	Acute	ID	SI	Cardiac / Respiratory	Pulmonary infiltrate (pneumonia), ≥ One : Prior chronic illness / comorbid condition	Add: Include COPD as a comorbid condition.
Adult	Acute	ID	SI	General	Culture / Smear / Latex agglutination (+) for bacteria / fungi / protozoa, ≥ One :	Positive cultures of wounds, perma-caths, PICC line tips or other implantable devices meet this criterion.
Adult	Acute	ID	SI	General	Systemic / Organ infection, actual / suspected, > One : ANC < 500/cu.mm	Change: ANC ≤ 1500/cu.mm.
Adult	Acute	ID	SI	General	Systemic / Organ infection, actual / suspected, > One : Immunocompromised host / Asplenic / Chronic ventilator patient	Add: Includes patients with active cancer or diabetes.
Adult	Acute	ID	SI	General	T > 100.4°F PR and ANC < 500/cu.mm	Change: ANC ≤ 1500/cu.mm.
Adult	Acute	ID	SI	Skin / Surgical	Cellulitis, ≥ One : ANC < 500/cu.mm	Change: ANC ≤ 1500/cu.mm.
Adult	Acute	ID	IS	≥ One IS	Anti-infective(s), ≥ One :	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	ID	IS	≥ One IS	Anti-infective(s), ≥ One : ANC < 500/cu.mm	Change: ANC ≤ 1500/cu.mm.
Adult	Acute	ID	IS	≥ One IS	IV fluids, Both : Findings, ≥ One : NPO ≤ 2d / Active vomiting	Add: Active diarrhea.
Adult	Acute	ID	IS	≥ One IS	IV fluids, Both : Rate, One : ≥ 100 mL/h and age ≥ 65 / renal failure / Hx CHF	Change: IV fluid rate ≥ 75 mL/h if patient requires cautious rehydration due to comorbidity.
Adult	Acute	ID	IS	≥ One IS	IV fluids, Both : Rate, One : ≥ 125 mL/h	Change: IV fluid rate ≥ 100 mL/h.
Adult	Acute	ID	IS	≥ One IS	Oxygen ≥ 40% ≤ 2d	Medicaid Agency recognizes each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Acute	ID	*IS	≥ Three *IS	Antiemetics, One : Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Adult	Acute	ID	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	ID	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Adult	Acute	ID	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Adult	Acute	ID	*IS	≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
Adult	Acute	ID	*IS	≥ Three *IS	Dialysis / Ultrafiltration	Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.
Adult	Acute	ID	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions 1-2x/24h	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Adult	Acute	ID	*IS	≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Acute	ID	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
Adult	Acute	ID	*IS	≥ Three *IS		Add: Proton pump inhibitor.
Adult	Acute	ID	DS	Home / OP, both:	Clinical stability, Both : GI / GU / GYN, ≥ One : Abscess resolving	Patients with confirmed intra-abdominal abscess, not meeting criteria on day 3, may receive one grace day for the 3rd day of anti-infective treatment.

Adult	LOC	Subset	S/I S/*I S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Adult	Acute	OB-ANTE	SI	High Risk Obstetrics	Bleeding > 1 pad/h in 2nd / 3rd trimester	Bleeding resulting in decreasing H&H requiring monitor at least daily
Adult	Acute	OB-ANTE	SI	High Risk Obstetrics	Preeclampsia (BP ≥ 140/90), ≥ Two:	Add: Preeclampsia- when either the systolic BP is greater than or equal to 140 OR the diastolic is greater than or equal to 90.
Adult	Acute	OB-ANTE	SI	High Risk Obstetrics	Preterm labor and gestation 20-37 completed wks, Both:	Patients diagnosed, as incompetent cervix, who are between 20-37 weeks gestation, with current cervical change and require BR will automatically meet this criterion.
Adult	Acute	OB-ANTE	SI	High Risk Obstetrics	Preterm labor and gestation 20-37 completed wks, Both:	
Adult	Acute	OB-ANTE	SI	High Risk Obstetrics	Contractions ≤ q10 min for ≥ 30 sec for ≥ 1h	Change: Contractions of any frequency (delete ≤ q10 min).
Adult	Acute	OB-ANTE	IS	≥ One IS	Anti-infectives, ≥ One:	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	OB-ANTE	IS	≥ One IS	DVT treatment, One: LMWH ≤ 3d, Unfractionated heparin ≤ 5d	Arixtra may be used as LMWH ≤ 3d; Argatroban may be used as unfractionated heparin ≤ 5d. Add: fragmin
Adult	Acute	OB-ANTE	IS	≥ One IS	IV fluids ≥ 125 mL/h, ≥ One:	Change: IV fluid rate ≥ 100 mL/h, or ≥ 75 mL/h if patient requires cautious rehydration due to comorbidity.
Adult	Acute	OB-ANTE	IS	≥ One IS	IV fluids ≥ 125 mL/h, ≥ One: NPO ≤ 2d / Active vomiting	Add: active diarrhea; NPO is considered applicable when it is an active treatment / therapy within the patient's plan of care. This point cannot be applied when the patient is NPO for testing or procedures.
Adult	Acute	OB-ANTE	IS	≥ One IS	Preterm labor, ≥ One: Tocolytics (initial)	Add: Tocolytics are not required to be initial dose.
Adult	Acute	OB-ANTE	IS	≥ One IS		Add: GI suction / drainage.
Adult	Acute	OB-ANTE	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	OB-ANTE	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Adult	Acute	OB-ANTE	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Adult	Acute	OB-ANTE	*IS	≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
Adult	Acute	OB-ANTE	*IS	≥ Three *IS	Dialysis / Ultrafiltration	Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.
Adult	Acute	OB-ANTE	*IS	≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Acute	OB-ANTE	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
Adult	Acute	OB-ANTE	*IS	≥ Three *IS		Add: Proton pump inhibitor.

Adult	LOC	Subset	SI/ S/* S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Adult	Acute	OB/GYN/GU	SI	Obstetrics / At Term ≥ 38 Weeks / Induction		Add: Including delivery outside the hospital within 24 hours of presentation.
Adult	Acute	OB/GYN/GU	IS	≥ One IS	Anti-infectives, ≥ One :	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	OB/GYN/GU	IS	≥ One IS	Hemodialysis / Peritoneal dialysis (initial course) ≤ 7d	The initial course refers to initiation of dialysis in a patient who has never received this service. This criterion could be either peritoneal dialysis performed daily or Hemodialysis performed 3 times per week. Anti-infective treatment while on the initial course of Hemodialysis might also be QOD instead of daily.
Adult	Acute	OB/GYN/GU	IS	≥ One IS	IV fluids, Both : Findings, ≥ One : NPO ≤ 2d / Active vomiting	Add Active diarrhea; NPO is considered applicable when it is an active treatment / therapy within the patient's plan of care. This point cannot be applied when the patient is NPO for testing or procedures.
Adult	Acute	OB/GYN/GU	IS	≥ One IS	IV fluids, Both : Rate, One : ≥ 100 mL/h and age ≥ 65 / renal failure / Hx CHF	Change: IV fluid rate ≥ 75 mL/h if patient requires cautious rehydration due to comorbidity.
Adult	Acute	OB/GYN/GU	IS	≥ One IS	IV fluids, Both : Rate, One : ≥ 125 mL/h	Change: IV fluid rate ≥ 100 mL/h.
Adult	Acute	OB/GYN/GU	IS	≥ One IS	Post C-section care ≤ 4d / Post NSVD ≤ 2d	Add: Including delivery outside the hospital within 24 hours of presentation.
Adult	Acute	OB/GYN/GU	IS	≥ One IS	Volume expanders and systolic BP < 100	Add: excludes KVO rate
Adult	Acute	OB/GYN/GU	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	OB/GYN/GU	*IS	≥ Three *IS	Antiemetics, One : Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Adult	Acute	OB/GYN/GU	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Adult	Acute	OB/GYN/GU	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Adult	Acute	OB/GYN/GU	*IS	≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
Adult	Acute	OB/GYN/GU	*IS	≥ Three *IS	Dialysis / Ultrafiltration	Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.
Adult	Acute	OB/GYN/GU	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions 1-2x/24h	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Adult	Acute	OB/GYN/GU	*IS	≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Acute	OB/GYN/GU	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
Adult	Acute	OB/GYN/GU	*IS	≥ Three *IS		Add: Proton pump inhibitor.

Alabama Medicaid Agency to
modify provider manual to
reflect this organizational
policy.

Adult	LOC	Subset	SI/IS or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Adult	Acute	RSP	SI	Clinical Findings	Asthma / Wheezing, Both: PEF 40-69% after, ≥ One:	SI - Use Failed outpatient treatment of any below subpoint in place of PEF criteria point.
Adult	Acute	RSP	SI	Clinical Findings	Dyspnea and hemodynamic stability, ≥ One:	Do not limit application of this criteria point due to systolic BP.
Adult	Acute	RSP	SI	Clinical Findings	T > 100.4°F PR and ANC < 500/cu.mm	Change: ANC ≤ 1500/cu.mm.
Adult	Acute	RSP	SI	Imaging Findings	Pulmonary edema / Heart failure	Add: CHF is present on imaging if positive for cardiomegaly / fluid in or around the heart / lung area and the patient has SOB or dyspnea.
Adult	Acute	RSP	SI	Laboratory Findings		Add: BNP ≥ 500 in the absence of chronic end stage heart failure, renal failure, or Nesitiride therapy within the past 48 hours.
Adult	Acute	RSP	IS	≥ One IS	COPD, Both:	Add: COPD includes asthma, emphysema and chronic bronchitis.
Adult	Acute	RSP	IS	≥ One IS	COPD, Both: Bronchodilators ≥ 6x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Adult	Acute	RSP	IS	≥ One IS	IV fluids, Both: Findings, ≥ One: NPO ≤ 2d / Active vomiting	Add: active diarrhea; NPO is considered applicable when it is an active treatment / therapy within the patient's plan of care. This point cannot be applied when the patient is NPO for testing or procedures.
Adult	Acute	RSP	IS	≥ One IS	IV fluids, Both: Rate, One: ≥ 100 mL/h and age ≥ 65 / renal failure / Hx CHF	Change: IV fluid rate ≥ 75 mL/h if patient requires cautious rehydration due to comorbidity.
Adult	Acute	RSP	IS	≥ One IS	IV fluids, Both: Rate, One: ≥ 125 mL/h	Change: IV fluid rate ≥ 100 mL/h.
Adult	Acute	RSP	IS	≥ One IS	Mechanical ventilation / NIPPV, ≥ One:	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Adult	Acute	RSP	IS	≥ One IS	Oxygen ≥ 40% ≤ 2d	Medicaid Agency recognizes each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Acute	RSP	IS	≥ One IS	PEF 40-69%, Both:	IS - Use Failed outpatient treatment in place of PEF.
Adult	Acute	RSP	IS	≥ One IS	PEF 40-69%, Both: Bronchodilators ≥ 6x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Adult	Acute	RSP	IS	≥ One IS	Pulmonary embolus treatment, One: LMWH ≤ 3d, Unfractionated heparin ≤ 5d	Arixtra may be used as LMWH ≤ 3d; Argatroban may be used as unfractionated heparin ≤ 5d. Add: Fragmin
Adult	Acute	RSP	IS	≥ One IS	Volume expanders and systolic BP < 100	Add: excludes KVO rate
Adult	Acute	RSP	*IS	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Adult	Acute	RSP	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	RSP	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Adult	Acute	RSP	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Adult	Acute	RSP	*IS	≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
Adult	Acute	RSP	*IS	≥ Three *IS	Dialysis / Ultrafiltration	Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.
Adult	Acute	RSP	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions 1-2x/24h	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.

						Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Acute	RSP	*IS	≥ Three *IS	Oxygen ≥ 28% <i>and</i> oximetry / ABG	
Adult	Acute	RSP	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
Adult	Acute	RSP	*IS	≥ Three *IS		Add: Proton pump inhibitor.

Adult	LOC	Subset	S/I S/*I S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Adult	Acute	SKIN	SI	Clinical Findings	T > 100.4°F PR and ANC < 500/cu.mm	Change: T ≥ 100.4°F PR and ANC ≤ 1500/cu.mm.
Adult	Acute	SKIN	IS	≥ One IS	IV fluids, Both: Findings, ≥ One: NPO ≤ 2d / Active vomiting	Add: active diarrhea; NPO is considered applicable when it is an active treatment / therapy within the patient's plan of care. This point cannot be applied when the patient is NPO for testing or procedures.
Adult	Acute	SKIN	IS	≥ One IS	IV fluids, Both: Rate, One: ≥ 100 mL/h and age ≥ 65 / renal failure / Hx CHF	Change: IV fluid rate ≥ 75 mL/h if patient requires cautious rehydration due to comorbidity.
Adult	Acute	SKIN	IS	≥ One IS	IV fluids, Both: Rate, One: ≥ 125 mL/h	Change: IV fluid rate ≥ 100 mL/h.
Adult	Acute	SKIN	*IS	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Adult	Acute	SKIN	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	SKIN	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Adult	Acute	SKIN	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Adult	Acute	SKIN	*IS	≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
Adult	Acute	SKIN	*IS	≥ Three *IS	Dialysis / Ultrafiltration	Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.
Adult	Acute	SKIN	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions 1-2x/24h	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Adult	Acute	SKIN	*IS	≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Acute	SKIN	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
Adult	Acute	SKIN	*IS	≥ Three *IS		Add: Proton pump inhibitor.

Adult	LOC	Subset	SI/IS or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Adult	Acute	SRG/TR	SI	Clinical Findings	Abscess requiring I&D and parenteral anti-infectives	I&D in this criterion is referring to a surgical I&D and not a bedside I&D.
Adult	Acute	SRG/TR	SI	Clinical Findings	Elective surgery / invasive procedure, ≥ One: Designated inpatient setting and performed same day as admission	PREADMIT: One preoperative day may be applied for: Patients who require conversion from oral anticoagulants to intravenous anticoagulants; this may include patients with artificial heart valves. Patients undergoing kidney transplant. Patients undergoing Denver shunt placement or TIPS procedure. Patients with renal insufficiency admitted for continuous IV hydration the day before a procedure involving contrast or IV dye. Patients undergoing cystectomy with continent diversion using section of intestine to construct neobladder.
Adult	Acute	SRG/TR	SI	Clinical Findings	Post ambulatory surgery / procedure complication unresolved ≥ 24h Observation	sickle cell & cystic fibrosis
Adult	Acute	SRG/TR	SI	Clinical Findings	Trauma and hemodynamic stability (systolic BP > 100), ≥ One:	Add: Hemodynamic stability is not required to assess the necessity of inpatient treatment, but is required to assess discharge indicators.
Adult	Acute	SRG/TR	IS	≥ One IS	Anti-infective(s), ≥ One:	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	SRG/TR	IS	≥ One IS	Anti-infective(s), ≥ One: ANC < 500/cu.mm	Change: ANC ≤ 1500/cu.mm.
Adult	Acute	SRG/TR	IS	≥ One IS	IV fluids, Both: Findings, ≥ One: NPO ≤ 2d / Active vomiting	Add: active diarrhea; NPO is considered applicable when it is an active treatment / therapy within the patient's plan of care. This point cannot be applied when the patient is NPO for testing or procedures.
Adult	Acute	SRG/TR	IS	≥ One IS	IV fluids, Both: Rate, One: ≥ 100 mL/h and age ≥ 65 / renal failure / Hx CHF	Change: IV fluid rate ≥ 75 mL/h if patient requires cautious rehydration due to comorbidity.
Adult	Acute	SRG/TR	IS	≥ One IS	IV fluids, Both: Rate, One: ≥ 125 mL/h	Change: IV fluid rate ≥ 100 mL/h.
Adult	Acute	SRG/TR	IS	≥ One IS	Oxygen ≥ 40% ≤ 2d	Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Acute	SRG/TR	IS	≥ One IS	Post surgical care, ≥ One: Routine review ≤ 2d	Add: Mastectomy,
Adult	Acute	SRG/TR	IS	≥ One IS	Post surgical care, ≥ One: Short stay review ≤ 24h	Surgical I&D is considered a short stay review. Bedside I&D does not meet this criterion.
Adult	Acute	SRG/TR	IS	≥ One IS	Post trauma monitoring and surgery planned ≤ 24h	This criteria point may be applied for trauma patients that meet SI in this subset. Pending surgery is not required.
Adult	Acute	SRG/TR	IS	≥ One IS	Volume expanders and systolic BP < 100	Add: excludes KVO rate
Adult	Acute	SRG/TR	*IS	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Adult	Acute	SRG/TR	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	SRG/TR	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Adult	Acute	SRG/TR	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Adult	Acute	SRG/TR	*IS	≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
Adult	Acute	SRG/TR	*IS	≥ Three *IS	Dialysis / Ultrafiltration	Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.
Adult	Acute	SRG/TR	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions 1-2x/24h	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.

Adult	Acute	SRG/TR	*IS	≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Acute	SRG/TR	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
Adult	Acute	SRG/TR	*IS	≥ Three *IS		Add: Proton pump inhibitor.
Adult	Acute	SRG/TR	DS	Home / OP	Clinical stability, ≥ One : Surgical complications resolved, ≥ One : Na 130-148 mEq/L	You may apply consecutive grace days for Na less than or equal to 120 until the Na is above 120. Then you must refer to PCR.
Adult	Acute	SRG/TR	DS	Home / OP or Home Care	Level of care appropriateness, All : Home environment safe and accessible	You may apply one grace day for a total hip or knee patient who is unable to ambulate safe home distance of 40 feet/return to baseline or safely climb stairs (if applicable to their home setting) on post op day 4.
Adult	Acute	SRG/TR	DS	Home / OP, Home Care	Clinical stability, ≥ One : Post Surgery, All : Passing flatus / stool and urine	If patient has + bowel sounds and is tolerating po diet prior to 8pm, a grace day should not be given. One grace day may be given to colon surgery patients who have not passed stool.
Adult	Acute	SRG/TR	DS	Home / OP, Home Care	Clinical stability, ≥ One : Post Surgery, All : PO fluids / diet tolerated	One grace day may be given to colon surgery patients who have not tolerated a soft diet.

Adult	LOC	Subset	S/I S/*I S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Adult	Acute	TRANSPLT	IS	≥ One IS	Anti-infectives, ≥ One :	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	TRANSPLT	IS	≥ One IS	IV fluids, Both : Findings, ≥ One : NPO ≤ 2d / Active vomiting	Add: active diarrhea; NPO is considered applicable when it is an active treatment / therapy within the patient's plan of care. This point cannot be applied when the patient is NPO for testing or procedures.
Adult	Acute	TRANSPLT	IS	≥ One IS	IV fluids, Both : Rate, One : ≥ 100 mL/h and age ≥ 65 / renal failure / Hx CHF	Change: IV fluid rate ≥ 75 mL/h
Adult	Acute	TRANSPLT	IS	≥ One IS	IV fluids, Both : Rate, One : ≥ 125 mL/h	Change: IV fluid rate ≥ 100 mL/h.
Adult	Acute	TRANSPLT	IS	≥ One IS	Mechanical ventilation / NIPPV, ≥ One :	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Adult	Acute	TRANSPLT	IS	≥ One IS	Oxygen ≥ 40% ≤ 2d	Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%.
Adult	Acute	TRANSPLT	IS	≥ One IS	Volume expanders and systolic BP < 100	Therefore 5 L/min via nasal cannula is equal to 40%. Add: excludes KVO rate
Adult	Acute	TRANSPLT	*IS	≥ Three *IS	Antiemetics, One : Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Adult	Acute	TRANSPLT	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	TRANSPLT	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Adult	Acute	TRANSPLT	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Adult	Acute	TRANSPLT	*IS	≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
Adult	Acute	TRANSPLT	*IS	≥ Three *IS	Dialysis / Ultrafiltration	Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.
Adult	Acute	TRANSPLT	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions 1-2x/24h	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Adult	Acute	TRANSPLT	*IS	≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Acute	TRANSPLT	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
Adult	Acute	TRANSPLT	*IS	≥ Three *IS		Add: Proton pump inhibitor.

Adult	LOC	Subset	S/I/S/*I S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Adult	Proc. Review	Open and Lap Cholecystectomy (100 & 300)	130 and 330		Findings One: Temp > 100.4 or WBC > 12,000/cu.mm	These criteria of Temp and WBCs are not required. Check either box in order to show criteria met.